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**PATENT APPLICATION FEE DETERMINATION RECORD**

**SAFETY IN SIGHT**  
Substitute for Form PTO-875

#### Application of Doctor Number

1169 32802

neg 29903

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
<b>BASIC FEE</b> (37 CFR 1.16(a))		
<b>TOTAL CLAIMS</b> (37 CFR 1.16(d))	circa 20 *	*
<b>INDEPENDENT CLAIMS</b> (37 CFR 1.16(l))	circa 3 *	*

• If the difference in column 1 is less than zero, enter 'U' in column 2.

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	Fee		RATE	Fee
	\$ _____			\$ _____
X \$ _____ =			X \$ _____ =	1
X \$ _____ =			X \$ _____ =	
+ \$ _____ =			+ \$ _____ =	
TOTAL			TOTAL	

**CLAIMS AS AMENDED - PART B**

210/05

2/10/05		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (2) CCR 1.1000	67	Minus --	67 0
	Independent (2) CCR 1.1000	2	Minus --	3 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (2) CCR 1.1000				

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.101(d))

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ <u>  </u> <u>  </u>		OR	X \$ <u>  </u> <u>  </u>	
X \$ <u>  </u> <u>  </u>		OR	X \$ <u>  </u> <u>  </u>	
+ \$ <u>  </u> <u>  </u>		OR	+ \$ <u>  </u> <u>  </u>	
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE	

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY FILED FOR	PRESENT EXTRA
	Total (2) CFR 1.502(b)	10	MINUS	6	
	Independent (2) CFR 1.502(b)	2	MINUS	3	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$ ____ =		X \$ ____ =	
X \$ ____ =		X \$ ____ =	
X \$ ____ =		X \$ ____ =	
X \$ ____ =		X \$ ____ =	
<b>TOTAL ADD'L FEE</b>		<b>TOTAL ADD'L FEE</b>	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)	
	1/27/65	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total 01 CFR 1.1600	-	(0)	ITEMS	20	0	
Independent 01 CFR 1.1600	-	2	ITEMS	3	0	C

Independent  
37 CFR 1.16(d)

11. **What are the symptoms?**

**FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(b))**

• If the entry in column 1 is less than the entry in column 2, write "10" in column 3.  
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.  
This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

For assistance in completing the form, call 1-800-PTD-9199 and select option 2.